

## CONTACT US:

CALL OR VISIT ANY OF OUR LOCAL SALES OFFICES

### MARATHON DISTRICT

Marathon Estates Road  
T: 242.393.0091

### CHIPPINGHAM DISTRICT

Thompson Boulevard  
T: 242.325.1811

### CARMICHAEL DISTRICT

Top of the Hill, Baillou Hill Road  
T: 242.341.4429

### ABACO OFFICE

Memorial Plaza  
T: 242.367.3264

### EXUMA OFFICE

Turnquest Plaza  
T: 242.336.3418

### ELEUTHERA OFFICE

Bay Front Plaza  
T: 242.332.2258

This plan of insurance has been especially prepared for:

NAME: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRICT OFFICE: \_\_\_\_\_

This is not a contract, nor an offer, but it is a general description of benefits available under a policy providing this protection outlined. The exact provision, terms and condition of the contract are set forth in detail in any such policy as may be issued.



**FAMILY GUARDIAN**  
INSURANCE COMPANY



**HOSPITALIZATION**  
**BENEFITS**

Family Guardian introduces a Hospitalization Benefit Plan especially for you:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

This benefit is yours for a monthly premium of .....\$ \_\_\_\_\_

Or a discounted premium of .....\$ \_\_\_\_\_

**I will pay by:**

- Salary Deduction
- Pre-authorized Cheque
- Collect by Agent
- Office Visit
- Post-dated Cheque

**DAILY HOSPITAL BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges for hospital room and board up to the maximum benefit per day for each day of hospital confinement (up to a maximum of 180 days) for illness or injury. In benefit after 30 days.  
 \$ \_\_\_\_\_

**SURGICAL BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges up to the maximum benefit for surgery resulting from illness or injury, subject to the percentage shown in the Surgical List of the contract. In benefit after 30 days  
 \$ \_\_\_\_\_

**ANESTHESIA BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges for anesthetics administration up to a maximum of 30% of Surgical Benefit subject to % shown in Surgical list.  
 \$ \_\_\_\_\_

**INTENSIVE CARE BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges up to 150% of the Daily Hospital Benefit for a maximum confinement of 30 days.  
 \$ \_\_\_\_\_

**MISCELLANEOUS EXPENSES BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges up to a maximum of \$100 for miscellaneous hospital expenses per period of hospital confinement for illness or injury.  
 \$ \_\_\_\_\_

**ATTENDING PHYSICIAN BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges for each visit by an attending physician During hospital confinement up to a maximum of \$60 per day  
 \$ \_\_\_\_\_

**MATERNITY BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges up to a maximum of ten times the Daily Hospital Benefit for any one pregnancy providing the policy has been in force for a period of nine months preceding confinement  
 \$ \_\_\_\_\_

**OUTPATIENT ACCIDENTAL INJURY BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges to a maximum of five times the Daily Hospital Benefit for accidental injury requiring outpatient treatment within 48 hours of injury  
 \$ \_\_\_\_\_

**OUTPATIENT SERVICES BENEFIT** **MAXIMUM BENEFIT**  
 Pays the actual charges for services provided on an outpatient basis for illness or injury, up to a maximum of three times the Daily Hospital Benefit: MRI & CAT Scan; X-rays; lab tests; ambulatory surgery; radiotherapy or chemotherapy; dialysis; and physical therapy  
 \$ \_\_\_\_\_

**CANCER EXPENSES BENEFIT RIDER** **MAXIMUM BENEFIT**  
 Pays the actual charges up to three times the Daily Hospital Benefit if you are confined for treatment of cancer.  
 \$ \_\_\_\_\_

Pays the actual charges up to three times the Surgical Benefit if you have surgery for cancer.  
 \$ \_\_\_\_\_

Pays the actual charges for medicine required for treatment of cancer up to 10% of the Daily Hospital Benefit provided in this rider.  
 \$ \_\_\_\_\_

Pays the actual charges up to a maximum of \$1,000 for outpatient x-ray, radium or cobalt therapy treatment of cancer.  
 \$ \_\_\_\_\_

Note: Rider in benefit after 60 days.  
 PREMIUM \$ \_\_\_\_\_

TOTAL PREMIUM \$ \_\_\_\_\_

*Note: On Hospitalization policies there is a waiting period of 12 months for conditions of the tonsil, adenoids, hernias, hemorrhoids, tuberculosis, and conditions of the male/female generative organs.*

*Note: Family Guardian's Hospitalization Benefit Plans includes a Waiver of Premium Benefit. The Company will waive each premium that becomes due if your in-hospital confinement continues after the first 30 consecutive days of confinement.*